

CHANGE OF RECORD FORM

COMPLETE ONE SECTION OF THIS FORM ONLY

SECTION #1- Adding a Trade Name to an Individual/Entity License

☐ Add Trade Name to Individual License

☐ Add Trade Name to Business Entity License

- This form can be faxed to 225-342-3754 or e-mailed to producerlicensing@ldi.la.gov
- Residents – Information will be verified with the Louisiana Secretary of State
- Non-Residents – Please submit a letter of certification or other documentation showing the addition of the trade name in their home state.

I presently hold license # _____ issued in the following name: _____

I wish to have my license record amended to indicate that I am authorized to use this **TRADE NAME**.

Print new Trade Name _____

Signature of licensee or entity owner _____

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Date _____

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Contact e-mail _____

Pursuant to La R.S. 22:1552, an insurance producer shall provide written notification prior to the use of or any change in trade name to the Commissioner.

SECTION #2 – Name Change for an Individual License Only

Proof of legal name change is required. A copy of your Driver's License showing your new name is acceptable.

This form can be faxed to 225-342-3754 or e-mailed to producerlicensing@ldi.la.gov

I presently hold license # _____ issued in the following name _____.

I have changed my name to _____.

My current address is _____.

Street Address or P.O. Box _____

City _____

State _____

Zip _____

Contact e-mail _____

Signature of Individual Changing Name _____

Date _____

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SECTION #3 – Name Change for an Entity

- This form can be faxed to 225-342-3754 or e-mailed to producerlicensing@ldi.la.gov
- Residents – Information will be verified with the Louisiana Secretary of State
- Non-Residents – Please submit a letter of certification or other documentation showing the change of name in the home state.

License # _____ is currently issued in the following name: _____.

The new name of our Entity is: _____

Entity's current address: _____

Street Address or P.O. Box

City

State

Zip

Contact e-mail _____

Signature of Authorized Agency Representative

Printed Name of Agency Representative

Date

SECTION #4 – Addition and Deletion of Members/Affiliates for an Entity

- Pursuant to La R.S. 22:1546 B, every member, partner, officer, director, and employee of an entity personally engaged in soliciting or negotiating insurance must be registered with the Department of Insurance under the entity's license.
- Please complete the entire section. This form can be faxed to 225-342-3754 or e-mailed to producerlicensing@ldi.la.gov

Name of Entity: _____ License # _____

Addition of Members – New and Active Members of the Entity

Name of Member	Position	License or NPN#	Designated Responsible Producer	Financial %
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Deletion of Members – Members No Longer Affiliated With the Entity

Name of Member	Position	License or NPN#	Financial %

Contact e-mail _____

Signature of Authorized Agency Representative

Printed Name of Authorized Agency Representative

Date